CONFIDENTIAL

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STATE OF NEW JERSEY DEPARTMENT OF AGRICULTURE DIVISION OF MARKETING AND DEVELOPMENT P. O. BOX 330, TRENTON, NJ 08625 0330 609 292 5646

STATE USE ONLY	,
Log#	

www.nj.gov/agriculture

PRINT OR TYPE

NOTICE OF INTENT TO CHANGE SUPPLIERS*

(This form is to be filed by Licensed Stores or by the New Supplier on their on their behalf when changing suppliers of milk and/or milk products.)

(Present Supplie	r*):			
Name				
Address				
	Number and Street	City	State	Zip Code
Pursuant to NJAC 2:53-7.1b, I am herewith notifying you that effort		fective	20	** I intend to:
Check one:			** Present supplier (mu least 48 hours actua	ust be given) at I notice"
	Purchase a PARTIAL supply of milk ar	nd milk products	NJAC 2:53-7.1(a)2.	
	3. Purchase only	from:		
	List Milk Produ	ucts		
TO BE COMPL	LETED BY PROPOSED NEW SUPPLIER	(Proposed New Supp	olier):	
	Gals. 1/2 Gals. Quarts			
Offer:	Gais. 1/2 Gais. Quarts	Name (Print or Type)		
\A/II				
Whole Milk		Address (Number and	d Street)	
Low Fat		(
.5 to 1%				
1.5 to 2%		City	State	Zip Code
		I understand that p	pursuant to NJAC 2:53-	·7.1(a) 1, all
Inducements:		indebtedness owed by my present supplier for milk		
		and milk products	must be paid prior to t	he change.
		Amount owed: \$	as of	
• •	that prices offered to the above-named			Last Billing Date
	ount are not below average variable cost IAC 2:52-7.1 through 7.4.	Signature		Title
as defined in 140	7.0 2.32-7.1 tillough 7.4.	Oignature		Title
		Applicant's Name (Prin	nt or Type)	
	New Supplier's Name	Trade Name (if any)		
Ву		rrade Name (il any)		
		Address (Number and	d Street)	
Title		City	State	Zip Code
If meeting comp	petitor's price:	Oity	State	Zip Code
			()	
	Competitor's Name	Milk License Number	Ph	one Number

DISTRIBUTION:

Division of Marketing & Development within 3 business days of the agreement to change or add suppliers. Yellow: Applicant

^{*} Prepare separate notice for each supplier whose product is being changed or supplemented.